

2013-2015 FAMILY SERVICES PROGRAM PLAN

SECTION I - TRIBAL INFORMATION

- A. Name of Tribe _____
- B. Complete Mailing Address _____
- C. Program Supervisor _____
- D. Telephone Number _____
Email _____
- E. Fiscal Manager _____
- F. Telephone Number _____
Email _____

SECTION II - FUNDING ALLOCATIONS

DHS Amount (Annual Allocation): \$ _____

DCF Amount (Annual Allocation): \$ _____

SECTION III - OFFICIAL AUTHORIZATION TO COMMIT TRIBE TO THIS WORK PLAN

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

FOR DHS USE ONLY	
Program Manager Approval:	Date:
Tribal Affairs Approval:	Date:
FOR DCF USE ONLY	
Program Manager Approval:	Date:
Tribal Affairs Approval:	Date:

SECTION IV

Mission Statement

In this section, develop a comprehensive Family Services Program (FSP) mission statement.

A mission statement expresses your core organizational values. It should be a broad statement of the purpose for your tribal FSP, what services the program provides, who the program provides services to, and why the program provide the services. The mission statement should focus on how the FSP will improve the lives of the families served by the program.

The FSP mission statement should provide direction for developing service strategies, identifying outcomes, and making resource allocation decisions. The mission statement should reflect what the tribal community and staff of your organization consider the purpose of the FSP and what value the program brings to the tribal community. The mission statement provides the context for the specific FSP services, so it is an important component of the FSP plan.

Please limit the mission statement description to one page, single spaced.

SECTION V

Program Narrative

In this section, provide an overview of the FSP three-year service plan. Utilize the mission statement and the community needs assessments to identify service needs of the community. Based on those service needs, identify specific issues and problems to address with the FSP funds, including local strengths and resources that the FSP can build on. Use the FSP Guidelines and Service requirements to develop a comprehensive strategy for the delivery of services. The strategy should include a description of how program services will be combined in an integrated and coordinated manner to create a cohesive service delivery system.

When writing the narrative for this section, keep in mind that:

- The work plan must detail tasks, activities and procedures in a logical progression that will be used to achieve the goals.
- The work plan includes the assignment of responsibility to specific personnel and a timetable for each task or activity to be started and completed.
- The work plan must demonstrate strong collaboration in the mental health, substance abuse, youth services, and child welfare systems.
- Include a description of the long-term outcomes that the program will address during the three-year plan period.
- Describe the outcomes you will measure in the overall context of the longer-term outcomes you are trying to achieve.
- Indicate whether the outcomes you will measure during the plan period will occur at the end of the three-year plan or occur at certain times during the plan period.
- If outcomes are linked together, describe the sequence of occurrence during the three-year plan.

As part of the program narrative, please attach an organizational chart for the tribal social services agency responsible for the delivery of FSP services. If the FSP Director does not directly oversee or supervise staff responsible for delivery of particular FSP services, provide an explanation of how coordination will occur within the tribe to ensure that the outcome measures and program requirements are fulfilled.

Please limit your program narrative description to four pages, single spaced.

SECTION VI

Problems/Issues Identification

The foundation of this outcome based three-year work plan is a comprehensive assessment of the community's human service strengths and needs. A community-wide assessment must be conducted as part of the three-year planning process, unless you can successfully demonstrate that sufficient information on community strengths and needs has been obtained through other assessments, surveys, or other methods during the past three years.

In this section, indicate the methods that have been used to assess community needs and strengths, and identify the unmet human service needs that this Family Services Program plan will address.

1. Indicate all methods used in the previous three years to assess the human service strengths and needs of families and the community for this three-year work plan. Examples may include: needs assessment findings, internal tribal reports, program evaluations, and other information sources such as Indian Health Service, census data, tribal surveys or client satisfaction surveys.

2. Check all of the following statements that apply to your Family Services Program.

- ☐ Public planning meetings. How many meetings occurred?
- ☐ Discussions with tribal council.
- ☐ Discussions with tribal program and planning committees.
- ☐ Discussions with tribal planning staff.
- ☐ Meetings with tribal business and civic leaders.
- ☐ Meetings with non-tribal agencies such as county social/human services or public schools to identify community needs.
- ☐ Meetings with low-income persons to identify community needs.
- ☐ Discussions/meetings with program participants.
- ☐ US Census data – Year _____.
- ☐ US Bureau of Indian Affairs statistics.
- ☐ Client intake data from the Family Services Program.
- ☐ Need assessments:
 - How many? _____
 - Describe nature of need assessments and date conducted: _____
 - _____, _____, _____
- ☐ Program evaluation data such as: client satisfaction surveys, program evaluations.
- ☐ Surveys conducted by staff of other tribal programs.
- ☐ Surveys conducted by other agencies.
- ☐ Program staff's knowledge of problems/issues in the community.
- ☐ Review of public information and research. List items reviewed: _____, _____
- ☐ Other methods used to assess community strengths and needs during the past three years.
 - List methods: _____, _____, _____.

Please limit your response for questions 3 through 5 to 2 pages, single spaced.

3. List **all** tribal human service needs that were identified using the problem identification methods above. If the tribe has prioritized these needs, indicate their order.
4. Using the list of all human service needs, identify the needs that will be addressed using FSP funds in this work plan. Provide the following information for each identified FSP need:
 - What is the condition/problem to be addressed?
 - How was this service need identified?
 - Define the specific population to be served.
 - What strengths and assets exist in the community to address the need?
5. Identify any barriers to the successful achievement of this work plan and how they will be addressed in the program. Examples of barriers include staff turnover, inadequate resources, unintended negative outcomes, and participant and program characteristics that can influence the achievement of program outcomes.

SECTION VII

Plans for Community/Participant Involvement

Key to the success of a comprehensive Family Services Program is the input and participation of community members. Identify plans/actions to ensure the wider tribal community is involved in the FSP. For example, to involve the public and participants the tribe may publish program goals, advertise program opportunities, hold public program planning or budget hearings, or conduct participant satisfaction surveys.

Indicate the methods used to involve tribal members and program participants when planning Family Services Program services. (Check all of the following statements that apply.)

- ☐ Advertising program opportunities or services in tribal/local newspapers, etc.
- ☐ Publishing program goals in tribal/local newspapers, etc.
- ☐ Public meetings on program planning and/or budget development.
- ☐ Discussion of program outcomes with the Tribal Council.
- ☐ Discussions with tribal program and planning committees/staff.
- ☐ Client satisfaction surveys. List surveys: _____, _____
- ☐ Program clients participation on advisory committees to the FSP. List the committees: _____, _____, _____, _____.
- ☐ Meetings with other tribal and non-tribal social service agencies to identify community needs. List the agencies: _____, _____, _____.
- ☐ Other (describe): _____

SECTION VIII

Part I: Development of Program Outcomes and Evaluation Methods for FSP Activities

In this section, identify the components of the FSP, including the objectives for the specific outcome areas or frameworks included in the three-year service plan. The outcome frameworks are divided into outcomes for the DHS portion of the FSP funds and the DCF portion of the FSP funds.

The outcomes and activities listed in Part I, II and III of Section VIII should provide a complete description of your FSP services and must reflect all of the services required by *The Family Services Program Service Requirements and Good Practice Guidelines*. Outcomes and activities may cover more than one service area.

For each outcome framework, describe the following:

- The community human service need, as identified in Section VI of the FSP plan.
- The outcome, meaning the benefit or change that participants or the community are expected to experience after participation in the FSP service. Note that some program areas may have multiple outcomes, with instructions to select specific outcomes for that program area.
- The outcome indicator(s) or specific performance measure(s) that will be used to determine if the outcome is achieved. For program areas with multiple outcomes, identify the indicator applicable to each outcome.
- The data source that will be used for the outcome indicator. If there are multiple outcome indicators, describe that data source for each indicator.
- The data collection method that will be used to collect the data.
- The specific service activities provided using FSP funds to achieve the identified outcome. List all of the activities your FSP program will carry out to accomplish the outcome.
- The specific tribal staff person responsible for data collection and progress reporting for the outcome framework.

Example: For DHS Outcome 1 regarding Behavioral Health Prevention activities, the Outcome selected is youth participating in the program will not use alcohol, tobacco, or other drugs (ATODA). The expected outcome is that tribal youth served by the program will have a reduced rate of ATODA. The Outcome Indicator could be reduced ATODA among youth, with a specific target, such as reducing ATODA by 20%. The Data Source could be the behavioral health survey administered by most schools which has ATODA questions. The Data Collection Method could be for schools serving tribal youth to conduct surveys in the fall and spring semesters and share the results with the tribal FSP staff.

The ATODA utilization results from prior surveys would serve as the baseline data. In the semi-annual report, data from the most recent school surveys would be used to show progress toward the goal of reducing ATODA among youth by 20%

If the FSP Director does not directly oversee the department responsible for achieving the outcome, provide an explanation of how coordination will occur within the tribe to ensure that the outcome measures and program requirements are fulfilled.

★ **IMPORTANT:** Once the FSP plan is approved by the DHS and DCF Tribal Affairs staff, it is important that each tribal FSP staff member receive a copy of the plan. This way, every person involved will have a clear plan to follow and will know which outcomes are his/her responsibility regarding data collection and the semi-annual progress reports to DHS and DCF.

Section VIII (Cont.)

Part I: Development of Program Outcomes and Evaluation Methods for DHS Funded Activities

DHS Outcome 1 Behavioral Health Prevention Activities

Community Human Service Problem or Need:

Instructions for Outcome: Select one or more of the twelve outcomes below

Note: Can delete outcomes not used.

ATODA Activities

1. The disapproval rate of alcohol, tobacco, illicit drugs and or prescription drug use will increase among youth participating in (insert program and indicate targeted substance abuse)
2. There will be a measurable decrease in tobacco, alcohol, illicit drug and or prescription drugs use among youths participating in (insert program and indicate targeted substance abuse)
3. There will be a measurable decrease in violence among youths participating in (insert program)
4. Youth participating in (name of program) will not use alcohol, tobacco and or illicit drugs (indicate targeted substance abuse)

Behavioral Health Activities

5. Health disparities experienced by tribal communities are eliminated or reduced by improving access, enhancing cultural relevance or addressing underlying social conditions that foster inequities.
6. Build prevention capacity that promotes health and prevents disability and or disease.
7. Promote policies, environmental and/or systemic changes that empower individuals and communities to avoid ATDOA use/exposure across the life span.
8. Promote policies, environmental, targeted strategies and/or systemic changes that enhance positive mental health and wellbeing and allow individuals to reach their full potential.
9. Promote early childhood development including positive parenting, safe and violence free homes that support healthy futures for children and youth.
10. Promote resiliency, positive family and other social support systems and community engagement throughout the life span.
11. Broaden awareness of suicide and self harm, its risk factors and resources for prevention.
12. Provide case management services that promote bonding to family, school or community with healthy beliefs and clear standards.

Outcomes selected:

Outcome Indicator	Data Source	Data Collection Method

DHS Outcome 1 Behavioral Health Prevention Activities, cont.

Service Activities:

Person Responsible for Collecting Data & Reporting Outcome Progress: *(Name, job title & phone #)*

DHS Outcome 2 Youth Mentoring Programs**Community Human Service Problem or Need:****Instructions for Outcome:**

Youths participating in mentoring programs, including tribal recreation programs, will demonstrate improvement in two or more of the following areas:

- Academic Performance
- Family and/or Peer Relations
- Community Involvement/Volunteer Service
- Lower truancy rates
- Less ATOD use
- Greater self-esteem
- Plans/goals for the future

Outcome Indicator	Data Source	Data Collection Method

Service Activities:**Person Responsible for Collecting Data & Reporting Outcome Progress:** *(Name, job title & phone #)*

Part II: Development of Program Outcomes and Evaluation Methods for DCF Funded Activities

DCF Outcome 1 Domestic Violence

Community Human Service Problem or Need:

Outcome:

As a result of contact with a domestic violence program, 65% or more of domestic violence survivors:

- Have strategies for enhancing their safety
- AND
- Have knowledge of available community resources

Outcome Indicator	Data Source	Data Collection Method
Number and % of DV program participants who have strategies for enhancing their safety.		
Number and % of DV program participants who have knowledge of available community resources.		
Service Activities:		
Person Responsible for Collecting Data & Reporting Outcome Progress: <i>(Name, job title & phone #</i>		

DCF Outcome 2 Permanency for Children**Community Human Service Problem or Need:**

Outcome: There will be an increase in the number of tribal children who achieve permanency through reunification, long-term guardianship or adoption.

Outcome Indicator	Data Source	Data Collection Method
Number and % of tribal children who receive permanency through: <ul style="list-style-type: none">• Reunification• Long-term Guardianship• Adoption		
Service Activities:		
Person Responsible for Collecting Data & Reporting Outcome Progress: <i>(Name, job title & phone #)</i>		

DCF Outcome 3 Preventing Removal of Children**Community Human Service Problem or Need:**

Outcome: Children at risk of being placed out of home will remain safely in their homes due to prevention services provided to their families.

Outcome Indicator	Data Source	Data Collection Method
Number and % of at risk children who remain safely in their homes due to FSP prevention activities.		

Service Activities:

Person Responsible for Collecting Data & Reporting Outcome Progress: *(Name, job title & phone #)*

DCF Outcome 4 Family Self Sufficiency**Community Human Service Problem or Need:**

Instructions for Outcome: Chose one or more of the following outcomes for assisting low income families to achieve self sufficiency.

- Low-income people become more self sufficient.
- The conditions in which low-income people live are improved.
- Low-income people own a stake in their community.
- Partnerships among supporters and providers of services to low-income people are achieved.
- Agencies increase their capacity to achieve results.
- Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

Outcome:

Outcome Indicator	Data Source	Data Collection Method

Service Activities:

Person Responsible for Collecting Data & Reporting Outcome Progress: *(Name, job title & phone #)*

DCF Outcome 5 Adolescent Pregnancy Prevention and Adolescent Self Sufficiency**Community Human Service Problem or Need:****Outcomes:**

- Reduced rates of non-marital pregnancy and increased rates at which abstinence is used to prevent non-marital pregnancy.
- Increased rates of adolescent and teen parent self-sufficiency through increased high school graduation rates, vocational preparedness, improved social and other interpersonal skills and responsible decision making.

Services for these outcomes will include one or more of the following activities:

- Teen Parenting/Life Skills Education
- Adolescent Pregnancy Prevention Education
- CHOICES for Girls
- Other programming that focuses on responsible decision making and developing self-sufficiency.

Outcome Indicator	Data Source	Data Collection Method
Reduced rate of non-marital pregnancy and increased rate of abstinence.		
Increased rates of high school graduation, vocational preparation, and social skills.		

Activities:

Person Responsible for Collecting Data & Reporting Outcome Progress: *(Name, job title & phone #)*

Part III: Additional DCF Funded Services & Activities

In this section, identify other FSP service activities provided with DCF funds that are not covered under DCF Outcomes 1 through 5. For these service activities, describe the services provided including purpose of the services, the persons served, and expected volume of service in term of the number of families or number of units of service.

For child care and respite care services, indicate whether funds are provided directly to specific child care providers to purchase care from those providers or if families receive vouchers to use with a child care provider of their choice.

Example: FSP funds are used to provide child care for parents participating in FSP services. The program expects to provide child care services to 25 families with 50 children for up to 40 hours per week. The child care will be provided through the tribal child care center with FSP funds supporting operation of the child care center.

The program also expects to provide respite care to 10 families with 20 children. Each family will receive a voucher they can use for up to 10 days of respite care. The vouchers can be used with providers selected by the parents and redeemed by the tribe once the respite care is provided.

Service Area	Service Activities
1. Respite Care	
2. Child Care	
3. Other	

SECTION IX - BUDGET FOR DHS FUNDS

Funding Period: October 1, 2012 – September 30, 2013

1.	Total Salary/Fringe Benefits for FSP Staff	\$
* 2.	Travel/Training for Staff, Volunteers or Program Participants	\$
*3.	Consultant and Contractual Costs	\$
*4.	Supplies/Equipment	\$
*5.	Other/Space Rental	\$
6.	Indirect Costs (Current Rate _____)	\$ _____
7.	Total (Lines 1 through 5)	\$

Instructions:

Each line item in the budget must be based on reasonable costs to provide program services.

Please round to the nearest dollar, however, do not exceed the **TOTAL** funds available. I.E. 51 cents - round up, 50 cents and below - round down.

Use the attached **Salary and Fringe Worksheet** to show the costs for each staff person funded using FSP funds. Show the percentage of time devote to FSP.

* Specific cost justifications are required for Items 2 through 5. Use the attached **Budget Detail Worksheet** to show the detail for each of these cost categories.

The indirect cost rate must not exceed the current approved rate for the tribe.

DHS FUNDED SALARIES AND FRINGE

(a) Staff Name and Title of Position	(b) % of Time Budgeted	(c) Hourly Rate	(d) Hours per Week	(e) # of Weeks Budgeted	(f) Annual Costs
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

(g) Total Salary: \$

(h) Total Fringe: \$

BUDGET DETAIL FOR DHS FUNDS

In this section, provide a detailed description of the costs identified on line items 2, 3, 4 and 5 of the FSP budget. Totals for each line item should match the line item amounts on the FSP Budget.

*2a. Travel for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*2b. Training for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*3. Consultant or Contractual		
Program Service area	Purpose and Computation	Cost
Total		\$
*4a. Supplies		
Program Service Area	Item and Computation	Cost
Total		\$
*4b.Equipment		
Program Service Area	Item and Computation	
Total		\$
*5a. Other		
Program Service Area	Item and Computation	Cost
Total		\$
*5b. Space Rental		
Program Service Area	Item and Computation	Cost
Total		\$

SECTION X - FSP BUDGET FOR DCF FUNDS

Funding Period: October 1, 2012 – September 30, 2013

1.	Total Salary/Fringe Benefits for Project Personnel	\$
*2.	Travel/Training for Staff, Volunteer or Program Participants/	\$
* 3.	Consultant and Contractual Costs	\$
*4.	Supplies/Equipment	\$
*5.	Other/Space Rental	\$
6.	Child Care Vouchers	\$
7.	Indirect Costs (Current Rate _____)	\$ _____
8.	Total (Lines 1 through 5)	\$

Instructions:

Each line item in the budget must be based on reasonable costs to provide program services.

Please round to the nearest dollar, however, do not exceed the **TOTAL** funds available. I.E. 51 cents - round up, 50 cents and below - round down.

Use the attached **Salary and Fringe Worksheet** to show the costs for each staff person funded using FSP funds. Show the percentage of time devote to FSP.

* Specific cost justifications are required for Items 2 through 5. Use the attached **Budget Detail Worksheet** to show the detail for each of these cost categories.

The indirect cost rate must not exceed the current approved rate for the tribe.

DCF FUNDED SALARIES AND FRINGE

(b) Staff Name and Title of Position	(b) % of Time Budgeted	(c) Hourly Rate	(d) Hours per Week	(e) # of Weeks Budgeted	(f) Annual Costs
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

(g) Total Salary: \$

(h) Total Fringe: \$

BUDGET DETAIL FOR DCF FUNDS

In this section, provide a detailed description of the costs identified on line items 2, 3, 4 and 5 of the FSP budget. Totals for each line item should match the line item amounts on the FSP Budget.

*2a. Travel for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*2b. Training for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*3. Consultant or Contractual		
Program Service area	Purpose and Computation	Cost
Domestic Abuse	ALICE Software Licensing Fee	
Total		\$
*4a. Supplies		
Program Service Area	Item and Computation	Cost
Total		\$
*4b. Equipment		
Program Service Area	Item and Computation	
Total		\$
*5a. Other		
Program Service Area	Item and Computation	Cost
Total		\$
*5b. Space Rental		
Program Service Area	Item and Computation	Cost
Total		\$

SECTION XI - DOMESTIC ABUSE MATCH REQUIREMENT FOR FSP FUNDS

A tribal match, either cash or in-kind, is required for the Domestic Abuse portion of the DCF FSP funds. In this section, indicate the source of the tribal match. The tribal match rate is 25%.

Tribe:

FSP Domestic Abuse Funds: \$ _____

Required Match: \$ _____

MATCH		
Cash	In-Kind Contribution	Total
Amount of \$	\$ equivalent:	\$
Source:	Specify:	

Technical Assistance

Department of Health Services

AODA Prevention & Treatment

Louis Oppor, DMHSAS/SAS
WI Department of Health Services
1. W. Wilson St., Room 850
Madison, WI 53703
608 266-9485
Louis.Oppor@wisconsin.gov

General FSP Administration-DHS

Dave Rynearson, Tribal Affairs Office
WI Department of Health Services
1 W. Wilson St., Room 618
Madison, WI 53707-7850
608 267-2185
David.Rynearson@wisconsin.gov

Department of Children and Families

Domestic Abuse

Sharon Lewandowski, DV Coordinator
WI Department of Children & Families
201 E. Washington Ave., 2nd Floor
Madison, WI 53708
608 266-0700
Sharon.Lewandowski@wisconsin.gov

Adolescent Pregnancy/Self Sufficiency

Judie Hermann Brighter Futures
WI Department of Children & Families
201 E. Washington Ave., 2nd Floor
Madison, WI 53708
Phone 608-266-8659
Email Judith.Hermann@wisconsin.gov

General FSP Administration-DCF

Vacant, Tribal Relations Director
WI Department of Children and Families
201 E. Washington Ave. 2nd Floor
Madison, WI 53703
Phone
Email

Child Care

Gabe Blood, Early Care and Education
WI Department of Children and Families
201 E. Washington Ave. 2nd Floor
Madison, WI 53703
608-267-2801
Gabrielle.Blood@wisconsin.gov

CSGB/Services to Low Income People

Darlene Moss, CSGB Coordinator
WI Department of Children & Families
201 E. Washington Ave., 2nd Floor
Madison, WI 53708
608 261-8341
Darlene.Moss@wisconsin.gov

Safe & Stable Families/Child Welfare

Carrie Finkbiner, S&SF Coordinator
WI Department of Children & Families
201 E. Washington Ave., 2nd Floor
Madison, WI 53708
608 261-8898
Carrie.Finkbiner@wisconsin.gov

DCF Area Administrator http://dcf.wi.gov/regional_operations/pdf/contact_list.pdf

FAMILY SERVICES PROGRAM (FSP) REPORTING REQUIREMENTS

Tribal FSP staff are responsible for reporting on a semi-annual basis their progress towards achieving the outcomes in the approved work plan. The FSP semi-annual report format is based on the approved work plan. The semi annual report is designed to assist tribal, DHS and DCF program staff assess progress toward achieving work plan outcomes, communicating the program's success, and improving program services.

COMPLETING THE REPORT

General Program Information

Check the box for the appropriate semi annual period being reported. Indicate the name of the tribe that is submitting the report. The chairperson or the authorized designee must sign and date two (2) copies of the report. The completed reports are due within 30 days of the end of the reporting period. Send one completed report to: Department of Health Services, Tribal Affairs, P.O. Box 7850, Room 618, Madison, WI 53707-7850. Send the other report to the Department of Children and Families, Area Administrator for the tribe. The Area Administrators are listed at: http://dcf.wi.gov/regional_operations/pdf/contact_list.pdf

The signed DHS copy of the semi-annual report can be submitted by e-mail to Dave Rynearson at david.rynearson@wi.gov . The signed DCF copy of the semi-annual report can be submitted by e-mail to the DCF Area Administrator for the tribe

OUTCOME FRAMEWORKS

Numerical Data

In the first column labeled "Indicators/Verification of the Outcome," the indicators of progress toward achieving each outcome are listed. The indicators are the same as those identified in the work plans.

In the second column labeled "Baseline data, if applicable," enter the baseline data for the indicator. This information should be entered at the beginning of the measurement period; e.g. at the beginning of the program year. The cumulative findings can then be compared against the baseline to indicate progress in achieving the outcome. Not all indicators may require baseline data. Enter the baseline data only if the outcome requires it. Also include a date of the baseline data

In the third column labeled "Cumulative Outcome Findings," enter the progress in achieving the outcome as measured by the indicators in the first column. This information may not be available for each report depending on when you collect your data. For most outcomes this information will only be available at the end of the measurement period as stated in the data collection method in the work plan. If the information is not available for the reporting period, indicate when the data will be available; for example, "Data available for 7/15/10 quarterly report." or "GPA data available for 1/15/10 report." The information collected for most outcomes will be data on individual participants. Do not report individual data. Summarize or combined the data on a program level for reporting purposes.

Outcome Narrative

Complete the narrative section of the report by describing your progress during the report period. Address each of the listed items when describing your progress in achieving the outcome.

OTHER SERVICES PROVIDED

Describe other FSP services not associated with the outcome frameworks. This is an opportunity to describe other outputs/activities that were not specified in previous sections of the report.

DOMESTIC ABUSE ANNUAL REPORT

This report must be filed at the end of each program year. Provide information requested for domestic abuse services. Provide unduplicated numbers where requested.

AODA TREATMENT SERVICES ANNUAL REPORT

This report must be filed at the end of each program year. Provide the information requested for AODA Treatment services provided using Family Services Program funding.

AODA PREVENTION SERVICES ANNUAL WEB-BASED REPORTING

<http://dhs.wisconsin.gov/substabuse/sapsis/>